

What's changing with your PEBB health coverage for 2017

All changes are effective January 1, 2017

- New life insurance benefits and premiums—**and a one-time open enrollment opportunity for retirees currently enrolled in PEBB life insurance**
- Medical plan benefits
- UMP Plus expands into new counties
- Medical and dental plan premiums
- Individual contribution amounts for the health savings account (HSA)
- PEBB Program rules and policies

New life insurance benefits and premiums—and a one-time enrollment opportunity

If you **currently** have PEBB retiree life insurance, you will have a one-time opportunity from November 1-30, 2016, to increase your insurance amount without answering health questions and/or having a medical exam. Watch for more information mailed to you from the PEBB Program and MetLife (the new life insurance carrier starting in 2017) coming in late October and November.

This opportunity **does not** apply to retirees who are not already enrolled in PEBB retiree term life insurance, because retirees may enroll in PEBB retiree term life insurance only at the time of retirement.

Retirees who have PEBB retiree term life insurance will need to take action during MetLife's open enrollment. Retirees currently enrolled in PEBB's retiree term life insurance can learn more about the new life insurance benefits and monthly premiums by:

- Reviewing the retiree term life insurance monthly premiums
- Reading information from the PEBB Program and MetLife, mailed in mid-to-late October.
- Calling MetLife Customer Service at 1-866-548-7139.
- Attending the PEBB Program's benefits fairs and speaking with MetLife Customer Service representatives.
- Visiting www.hca.wa.gov/public-employee-benefits.

Medical plan benefits

The changes shown below affect the plans noted. Call the plans directly or visit their websites for more information

Other medical benefits won't change in 2017; but keep in mind, costs for prescription drugs can change during the year due to changes to tiers or coverage criteria.



In 2017, Group Health will:

- Cover male sterilization at no cost to members (Group Health Consumer-Directed Health Plan [CDHP] members must first pay their annual deductible.) *Applies to Group Health Classic, CDHP, Value, and SoundChoice, including Medicare members.*

- Change the number of covered acupuncture visits to 12 visits total per calendar year. *Applies to Group Health Classic, CDHP, Value, and SoundChoice, excluding Medicare members.*
- Offer telehealth (“virtual”) office visits for primary, specialty, and urgent care services at the same member cost-share as in-person primary, specialty, and urgent care visits. *Applies to Group Health Classic, CDHP, Value, and SoundChoice, excluding Medicare members.*

The following changes apply only to Group Health Value (excluding Medicare members):

Annual costs/benefits	Group Health Value members pay in 2017
Medical out-of-pocket limit	\$3,000 per person/\$6,000 per family
Annual deductible	\$250 per person/\$750 per family (without SmartHealth wellness incentive) \$125 per person/\$625 per family (with SmartHealth wellness incentive)
Primary care office visit	\$30
Specialist office visit	\$50
Inpatient hospital services	\$250 per day up to \$1,250 maximum per admission
Skilled nursing facility	\$250 per day up to \$1,250 maximum per admission

Tiers for retail pharmacy	Group Health Value members pay in 2017
Tier 1 (generic)	\$25
Tier 2 (preferred brand)	\$50
Tier 3 (non-preferred brand)	50% (no maximum)
Tier 4 (preferred specialty) <i>New for 2017</i>	\$150
Tier 5 (non-preferred specialty) <i>New for 2017</i>	50% up to \$400



In 2017, Kaiser Permanente will:

- Cover male sterilization at no cost to members (Kaiser Permanente Consumer-Directed Health Plan [CDHP] members must first pay their annual deductible.) *Applies to Kaiser Permanente Classic and CDHP, including Medicare members.*
- Increase the copay for spinal manipulations to \$30. *Applies to Kaiser Permanente Senior Advantage.*



Uniform Medical Plan (UMP) will:

- Cover male sterilization at no cost to members (UMP Consumer-Directed Health Plan [CDHP] members must first pay their deductible.) *Applies to UMP Classic, CDHP, and Plus, including Medicare members.*

- Offer a new Centers of Excellence benefit for members needing total joint replacement (hip and/or knee), to be administered by Premera Blue Cross and provided through Virginia Mason in Seattle. The benefit will be covered at a lower or no cost to members (UMP CDHP members must first pay their deductible), and includes a travel and lodging benefit for members living outside of the Seattle area. More information is available at www.premera.com/health-care-authority/total-joint-replacement/ or by calling Premera Blue Cross Customer Service at 1-855-784-4563. *Applies only to UMP Classic (excluding Medicare members) and UMP CDHP.*

In addition, there may be UMP preferred provider changes in eastern Washington with Providence Health. To confirm provider availability, please refer to the UMP Provider Directory at www.hca.wa.gov/ump or call UMP Customer Service at 1-888-849-3681.

UMP Plus expands into new counties (available to non-Medicare retirees only)

Both UMP Plus networks will expand to serve new counties in 2017 (new counties shown in **bold**):

- UMP Plus-Puget Sound High Value Network will serve **Grays Harbor**, King, Kitsap, Pierce, Snohomish, **Spokane**, Thurston, and **Yakima** counties.
- UMP Plus-UW Medicine Accountable Care Network will serve **Grays Harbor**, King, Kitsap, Pierce, **Skagit**, Snohomish, and Thurston counties.

Note: UMP Plus is available only to retirees and their dependents who are not enrolled in Medicare Part A and Part B.

Medical and dental plan premiums

See [retiree medical premiums](#).

Individual contribution amounts for health savings accounts (HSA)

The annual HSA contribution limit for an individual (subscriber only) account will increase to \$3,400 in 2017, up from \$3,350 in 2016. (The contribution amount for a family stays the same at \$6,750.) Subscribers ages 55 and older can continue to contribute \$1,000 more in addition to these amounts.

The amounts include all contributions made, from both you and the PEBB Program. Remember to also include the \$125 SmartHealth wellness incentive contributed to your HSA (if you qualify for the incentive in 2017).

Reminder—CDHPs/HSAs and Medicare don't mix! If you or a covered family member becomes eligible for Medicare while you are enrolled in a consumer-directed health plan (CDHP) with a health savings account (HSA) in 2017, you must change to a non-CDHP PEBB medical plan or remove the Medicare-eligible family member from your coverage. The family member you remove is **not** eligible for COBRA.

PEBB Program rules and policies

These changes take effect January 1, 2017:

- The definition of “tobacco products” related to the PEBB Program’s tobacco use premium surcharge also includes pipe tobacco. It **does not** include e-cigarettes, which are now regulated by the U.S. Food and Drug Administration.
- Eligibility for domestic partners who qualified under PEBB rules before January 1, 2010, is removed. The PEBB Program is aligning eligibility for all domestic partners based on state and federal

recognition of same-sex marriages, domestic partnerships, and/or legal unions. Subscribers who enrolled their domestic partner before January 1, 2010 (and have not since provided proof of marriage, state-registered domestic partnership, or a legal union) must provide proof that their domestic partner still qualifies under current PEBB Program rules to continue the domestic partner's enrollment in 2017. **(Exception:** This does not apply to retirees enrolled in Medicare Part A and Part B who cover their state-registered domestic partner.)

These subscribers must submit copies of document(s) that prove their domestic partner's eligibility to the PEBB Program. **These document(s) must be received by December 31, 2016, or PEBB Program coverage for the domestic partner (and the domestic partner's enrolled children, if not legally related to the subscriber) will be cancelled January 1, 2017.** A list of documents that verify a dependent's eligibility is available through the PEBB Program or at www.hca.wa.gov/public-employee-benefits under *Dependent verification*. If a state-registered domestic partner's status has changed for tax purposes, the subscriber must also complete the *Declaration of Tax Status* form, available from the PEBB Program or on HCA's website.